

07-29-05
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26285 7590 04/29/2005

KIRKPATRICK & LOCKHART NICHOLSON GRAHAM
LLP

535 SMITHFIELD STREET
PITTSBURGH, PA 15222

08/01/2005 WASFAW2 00000067 09923139

01 FC:2501 700.00 OP
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03 FC:8001 30.00 OP

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/923,139	08/06/2001	Leonel R. Arana	010400	8960

TITLE OF INVENTION: THERMALLY EFFICIENT MICROMACHINED DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<u>no</u> yes	3400 700.00	\$300	3700 1,000.00	07/29/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CREPEAU, JONATHAN	1746	429-017000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kirkpatrick & Lockhart
Nicholson Graham LLP
2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Massachusetts Institute of Technology

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, MA 02142-1493

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1110 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Mark R. Leslie

Date

7/21/05

Typed or printed name

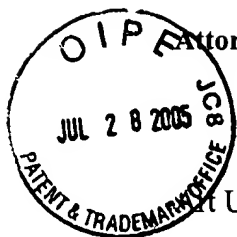
Mark R. Leslie

Registration No.

36,360

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Attorney's Docket No. 010400

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Unit: 1746

Examiner: J. Crepeau

In re Application of
Jensen et al.

Serial No.: 09/923,139

Filed: 06 August 2001

Title : THERMALLY EFFICIENT
MICROMACHINED DEVICE

Confirmation No. 8960

Mail Stop: Issue Fee
Commissioner for Patents
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Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:

☒ small business entity-fee

A small entity. See 37 C.F.R. § 1.27 (65 Fed.
Reg. 54603, September 8, 2000).

Regular
☒ \$700.00

Design
☐ \$400.00

☐ other than a small entity-fee

☐ \$1,400.00

☐ \$800.00

3. Payment of fee:

☒ Enclosed please find check for \$ 1,030.00 (Including Publication Fee).

☒ Charge Account 11-1110 for any fee deficiency.

☐ Charge Account _____ the sum of _____.

A duplicate of this request is attached.

SIGNATURE OF ATTORNEY

Reg. No.: 36,360
Tel. No.: (412) 355-6271
Customer No. 26285

Mark R. Leslie
(type or print name of person certifying)
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